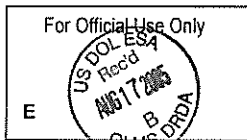


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11520</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Harvey</u> <u>Whille</u> P.O. Box, Bldg., Room No., if any Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 1262</u> Labor Organization File Number <u>051-552</u> P.O. Box, Building and Room Number, if any Street <u>1389 Broad Street</u> City <u>Clifton</u> State <u>New Jersey</u> ZIP Code + 4 <u>07013</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Ahold USA</u> Trade Name, if any: <u>Stop &amp; Shop Supermarkets, Co.</u> P.O. Box, Bldg., Room No., if any <u>PO Box 55888</u> Street City <u>Boston</u> State <u>Massachusetts</u> ZIP Code + 4 <u>02205-5888</u>	7.a. Nature of Interest, Transaction, or Income. <u>On 1-29-04 and 7-13-04, I attended business dinner meetings with representatives of Ahold, USA in Boston, MA. To my knowledge, representatives of Ahold, USA paid for the dinners. I do not know the value of these meals.</u> 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Harvey Whille

On 8/10/05  
Date

973 777 3700  
Telephone Number

Name of Person Filing <b>Harvey Whille</b>	File Number <b>U-</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p><b>8. Name and address of Business (including trade name, if any).</b></p> <p>Name <b>Davis, Cowell &amp; Bowe, LLP</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1701 K Street N.W. Suite 210</b></p> <p>City <b>Washington</b></p> <p>State <b>District of Columbia</b> ZIP Code + 4 <b>20006</b></p>	<p><b>9. Business deals with:</b></p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p><b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>11.a. Nature of such dealing.</b></p> <p><b>Davis, Cowell &amp; Bowe are Legal Counsel for UFCW Local 1262</b></p> <hr/> <p><b>11.b. Approximate dollar value of such dealing.</b> <b>\$84,000</b></p> <hr/> <p><b>12.a. Nature of interest held or income received.</b></p> <p><b>Meals</b></p> <p><b>See attached spreadsheet</b></p> <hr/> <p><b>12.b. Amount.</b> <b>\$545</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>UFCW Local 1262 Employer Benefit Funds</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1389 Broad Street</b></p> <p>City <b>Clifton</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>07013</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare, hotels, meals and fees</b></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b> <b>\$3,164</b></p>

Name of Person Filing Harvey Whille

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Davis, Cowell &amp; Bowe, LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1701 K Street N.W. Suite 210

City Washington

State District of Columbia ZIP Code + 4 20006

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

Davis, Cowell &amp; Bowe are Legal Counsel for UFCW Local 1262

## 11.b. Approximate dollar value of such dealing.

\$84,000

## 12.a. Nature of interest held or income received.

Meals  
See attached spreadsheet

## 12.b. Amount.

\$545

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name UFCW Local 1262 Employer Benefit Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1389 Broad Street

City Clifton

State New Jersey ZIP Code + 4 07013

## 14.a. Nature of payment.

Attended an Educational Conference during February 2004 in Florida to assist in fulfilling my fiduciary responsibility as a Trustee by being updated concerning developments relating to Trustee operations. Expenses included airfare, hotels, meals and fees

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

\$3,164

Name of Person Filing <b>Harvey Whille</b>	File Number U-
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**Part C Continuation Page**

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name <b>UFCW Local 1262 Employer Benefit Funds</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>1389 Broad Street</b></p> <p>City <b>Clifton</b></p> <p>State <b>New Jersey</b> ZIP Code + 4 <b>07013</b></p>	<p><b>14.a. Nature of payment.</b></p> <p><b>Business Meals at Trustee and Other Business Related Meetings</b>  <b>See Attached Spreadsheet</b></p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p align="right"><b>\$662</b></p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p align="right">_____</p>

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p><b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b></p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14.a. Nature of payment.</b></p> <p>_____</p>
<p><b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14.b. Amount of payment.</b></p> <p align="right">_____</p>

Name of Person Filing **Harvey Whille**

File Number U-

**Part B Continuation Page**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

**8. Name and address of Business (including trade name, if any).**Name **Empire Holdings Company, Inc.**Trade Name, if any: **HorizonBlue Cross Blue Shield of NJ**

P.O. Box, Bldg., Room No., if any

Street **33 Washington Street**City **Newark**State **New Jersey** ZIP Code + 4 **07102****10. If 9.b. or 9.c. is checked give trust or employer's name.**

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

**9. Business deals with:**☒ a. Labor Organization☐ b. Trust☐ c. Employer**11.a. Nature of such dealing.**

I am on the Board of Directors for Empire Holdings and received a stipend. After paying taxes on this money, I donated the net amount to a Charitable Fund.

**11.b. Approximate dollar value of such dealing.****\$6,200****12.a. Nature of interest held or income received.**

see 11.a.

**12.b. Amount.****\$6,200**